DIVING INDUSTRY

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There is little to report on this subject. Under present conditions it seems probable that in a few years the diving Nakhudas will find that it is impossible to obtain any recruits for diving in Bahrain. During the season only 12 boats went out to the banks from Bahrain and most of the divers who were engaged were from Persia and the Trucial Coast. So much money can be earned on shore that few men are willing to leave their shore jobs in order to dive during the summer months.

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The tax on imported pearls imposed by the Government of India was in force throughout and after the diving season and this contributed to a large extent to the slackness in the pearl trade. Taking into consideration the small number of boats employed in diving the catch was moderately good and pearl prices were not much lower than in the previous season.

MEDICAL DEPARTMENT

1372

(Report by Dr. R. H. B. Snow, M.B.E., Senior Medical Officer)

Summary of the Year

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A change is gradually infiltrating and making itself evident in the scope and policy of medical work which is increasing in every department and subconsciously affecting the life of the Island. Traditions are now being established which the new generation are growing up with, and health ideas which once were revolutionary are now accepted as the normal course of reasonable upbringing.

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The medical department which started in a small way, and expanded slowly is seeing results which are very satisfying but which are taken for granted, although they took years of striving to achieve. From its small beginnings and tiny nucleus of key staff it has now spread out from something rather personal to more of a departmental outlook. This in the course of things is bound to be, but its danger is that lack of co-ordination may develop or that the department may absorb the individual expression. At present there seems to be no signs of this because the various heads of departments meet together continually to exchange ideas and align themselves in a common policy, and also they are readily accessible to the public.

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Lines of expansion have shown themselves everywhere. The surgical work has been given great impetus by the advent of an F.R.C.S. specialist, Mr. R. D. Wilkins.

The operation theatre now runs a staff rota for every 24 hours of the day, made possible by recruiting Sister Ford and Sister Johnson from England. Sister Edwards was appointed to the Nursing Home to replace Sister Millson. The X-Ray department has an English Radiographer in charge—Mr. Havey. The Laboratory has a staff of six technicians. Four new Indian doctors arrived, one lady doctor for the Women's Hospital, and the others, male, were appointed to the Boys' Schools, The Port, and the Hospital. Mr. Burgin replaced Mr. Hanvey as Public Health Inspector, and Mr. Nambiar became the new Anti-Malaria Supervisor. Both hospitals recruited many more Indian trained nurses. The lack of sufficient staff has now been made good and at present meets all needs which recently have been very pressing. It meant also that more specialised apparatus could be installed being safely handled by expert hands. Such things include a more powerful X-Ray plant, a modern anaesthetic apparatus to administer all gases and curare, an electro-cautery unit and an electro-cardiograph.

PUBLIC HEALTH

Report by Dr. J. D. Grant.

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During its first year of existence the Public Health Service had its fair share of growing pains caused chiefly by Staff changes, a shortage of trained technical and clerical personnel and an apathy or lack of education on the part of local bodies and people in matters of hygiene and sanitation. On the other hand, the port and quarantine side functioned smoothly, anti-malaria control measures were extended to cover the whole Island except for a few villages in the southern end, and a Boys' School Medical Service was inaugurated.

Staff. Mr. L. J. Hanvey, Public Health Inspector, resigned on the 1st March to rejoin the Anglo-Iranian Oil Company at Aden and was replaced by Mr. F. Burgin who arrived on the 2nd June.

The following new appointments were made :—

Dr. Ali Mustafa, School Medical Officer, 26th November.
Dr. P. P. Mathew, Port Health Officer, 22nd June.

Trained Personnel. The shortage of this class of labour was a constant problem, and to fill some of the gaps it was necessary to recruit from Pakistan and India. These sources will have to be tapped further until requirements can be met from Bahrain.

Hygiene and Sanitation. Sanitary measures were chiefly confined to the Municipal areas, and in each case the local Council was responsible for carrying out these duties, with the Public Health Authorities acting in an advisory capacity. This arrangement proved unsatisfactory, as for one reason or another, the Baladiyas were very loath to carry out the suggestions offered and most reluctant to implement the recently drawn up Sanitary Bye-laws. At the end of the year it was decided that much stronger action was required and that Health Education by legislation would have to be resorted to where necessary; the Public Health Authorities were therefore invested with summary powers to enforce sanitary measures.

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The absence of a proper sewerage and drainage system continues to be one of the greatest stumbling blocks to any effort or progress in improving the standard of sanitation in Municipal areas. The present rapid rate of building adds daily to the problem and the stage has now been reached when it is imperative to change from the prevailing highly dangerous and obnoxious cesspool method of conservancy and drainage. The impending survey by a consultant Sanitary Engineer with this end in view is being looked forward to eagerly.

Regular inspections resulted in a slight improvement in the standard of cleanliness of restaurants, eating houses, coffee shops, bakeries, aerated water factories and other premises used for the preparation and sale of foodstuffs. In future, licences for these premises will be issued direct by the Public Health Department after they have been inspected and passed as satisfactory and those premises which, after due warning fail to reach the standard required will be closed down. The hawking of foodstuffs will not be permitted unless adequate precautions against contamination by dust and flies are taken and the general sanitary conditions under which this type of business is conducted are satisfactory.

The new fish, meat and vegetable and fruit markets at Quadabiya were opened during the year, but so far have not proved very popular. They set a very good standard with fly proofing, cement floors, washing and drainage facilities and adjacent rubbish receptacles and latrines. A similar type of building is under construction in Manama for the sale of fruit and vegetables. The other Manama markets and all the Muharraq ones are in such an insanitary state that their reconstruction on the above lines is most essential and should be carried out without further delay.

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The standard of domestic sanitation is poor. Dirt, disease and squalor reign in many houses causing much unnecessary sickness at considerable cost to hospital and medical services. Better and cleaner houses and less money spent on drugs and more on drains would be of greater value in the task of promoting health and preventing disease.

7 [presumably A.D. 1953-1954 -- Analyst]

was also believed to be high in many districts. The fatality rates among the hospitalized cases averaged 6 to 22 per cent. The disease subsided in the summer of 1950, and no cases were observed in 1951.

Vaccination against smallpox is not compulsory, but the health authorities endeavor to promote it in the school population. In 1948-49, a house-to-house campaign was carried on in the infected sections of Manama, and vaccination centers were established in the outlying districts. Vaccination is required of travelers to Bahrain, and persons who arrive without valid certificates of immunization are vaccinated by the medical officers upon landing.

Other Infections. Pneumonia is prevalent: a large proportion of the cases are probably bronchopneumonias. Measles, mumps and whooping cough are endemic, and often epidemic. Chickenpox and poliomyelitis are also endemic, but the reported cases are usually few in number. Meningococcus meningitis is sporadic, and occasional small outbreaks are recorded.

Diseases Spread or Contracted Chiefly Through Contact

Venereal Diseases. Venereal diseases constitute a major problem, due to the transitory nature of a large section of the population. Local medical authorities believe that the syphilitic infection rate approximates 60 to 70 per cent. Numerous mild nonvenereal infections are observed among children, although the familiar manifestations of congenital syphilis are relatively rare. Gonorrhea is widespread, but chancroid and lymphogranuloma venereum are of minor significance. Cases of venereal disease are treated at the isolation hospital and the various dispensaries.

Diseases of the Eyes. Eye infections are prominent throughout this region. Ignorance of the basic principles of hygiene and the prevalence of flies, as well as the irritating effects of sand and wind during the *shamai* seasons, are underlying factors in the spread of trachoma, conjunctivitis and

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